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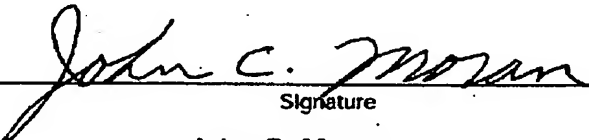
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RE: Application No. 10/799,423 Filing Date: 03/12/2004

Atty. Docket No.: 403118-A-01-US (Burritt)

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3. Transmittal form PTO/SB/21 - 1 page
4. Response/Amendment - 28 pages

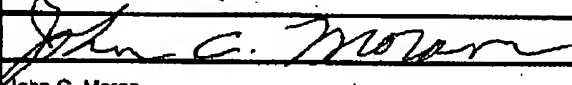
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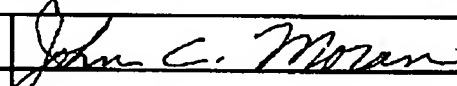
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10799,423	RECEIVED CENTRAL FAX CENTER JUN 20 2007
	Filing Date	03/12/2004	
	First Named Inventor	David Ray Burritt	
	Art Unit	2628	
	Examiner Name	Woods, Eric V.	
Total Number of Pages In This Submission	31	Attorney Docket Number	403118-A-01-US (Burritt)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continuing Examination under 37 CFR 1.114 Credit Card Payment Form (duplicate)
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	John C. Moran, Attorney, P.C.	
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